

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078281 (9)

1. Corporation Name

FOX FIBER OPTICS CORPORATION



Principal Place of Business

9318 E. COLONIAL DR., STE. A-16
ORLANDO FL 32817

Mailing Address

9318 E. COLONIAL DR., STE. A-16
ORLANDO FL 32817

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 616 S. Dillard Street

26 same

4. FEI Number

59-3351610

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Winter Garden, FL

28

24 Zip 34787

Country
25 USA

29 Zip

Country
30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUNYONS, J. RODNEY
9318 E. COLONIAL DR., STE. A-16
ORLANDO FL 32817

81 Name

J. Rodney Runyons

82 Street Address (P.O. Box Number is Not Acceptable)

616 South Dillard Street

83

84 City

Winter Garden

FL

85 Zip Code
34787

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J. Rodney Runyons

Signature typed or printed name of registered agent

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
1. Freeman, Damian T.
2528 Robert Trent Jones Dr., #1611
Orlando, FL 32835

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2. ST
Becker, James R.
10600 Bloomfield, #104
Orlando, FL 32835

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
3. ☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
4. ☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
5. ☐ DELETE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
6. ☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. 1. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. 1. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. 1. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. 1. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. 1. TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Damian T. Freeman, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Distance From #

CR2E034 (12/95)